MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER Registration District No. Primary Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY Missouricounty VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 16 c. CITY Inside Limits OR TOWN Yes ☐ No ☐ St. Louis St. Louis 1 c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR HOMOR (7 Db.) Inside Limits d. STREET (If cutside, give location) Reside on Farm ATE Homer G. Phillips ADDRESS INSTITUTION Yes □ No □ Yes 📋 No 🔲 Delmar Blvd 3. NAME OF DECEASED First Middle 4. DÄTE Day Year 3 (Type or print) Celia Williams February 21 .1963 DEATH 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE Never Married 5. SEX 7. Married □ Widowed 😡 Divorced | Female Negro 10b. KIND OF BUSINESS OR INDUSTRY 10a, USUAL OCCUPATION (Give kind of work done BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) FOLLOWS Springfield. Mo. None 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 7 0 Deceased Unknown Unknown Z 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Elizabeth Miller 5063 A. Delmar (Yes, not you unknown) | (If yes a war or dates of 9 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause part 1. DEATH WAS CAUSED BY: DOCUMENT 10 RECORD IMMEDIATE CAUSE (a) Ō 11 INSTEAD Conditions, if any, 127 which gave rise to THIS. above cause (a), stating the under-13 lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased was / female there a pregnancy in last 90 days. disease condition given in PART I (a) **AMENDMENTS** ☐ Yes ☐ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) HOMICIDE 20a. ACCIDENT SUICIDE 19. WAS AUTOPSY PERFORMED? YES | NO D Month, Day, Year 20c. TIME OF Hou RIBBON INJURY a.m. D.M USE BLACK INK COUNTY STATE 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK *FYPEWRITER* READ and last saw him alive on 21. I attended the deceased from m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred 22c DATE SIGNED 22a. SIGNATURE 9 AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Š Father Dickson "t. Louis County. 2/26/63 REGISTRAR'S GNA 25. DATE RECD. BY LOCAL REG. ADDRESS TEM Some 1221 North Grand

by		, Student Embalmer No
orking under my personal	supervision.	
udent		_ Signed Olive & Crunble
Signature (of Student Embalmer	
~	: તરે	Licensed Embalmer No. 5185
		P. O. Address 1221 W. Grand
	تم در مه	P. O. Address / 2 / / V V V V V V V V V V V V V V V V

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.